

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.
**TRANSMITTAL
FORM**

(to be used for all correspondence after initial filing)

		Application Number	10/635,976
		Filing Date	August 7, 2003
		First Named Inventor	Richard E. Smalley
		Art Unit	1754
		Examiner Name	not yet assigned
Total Number of Pages in This Submission	71	Attorney Docket Number	11321-P012USD14

ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance communication to Technology Center (TC)
<input checked="" type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Amendment/Reply	<input checked="" type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Change of Correspondence Address	<input checked="" type="checkbox"/> Other Enclosure(s) (Please Identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	See below
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Request for Refund	RECEIVED DEC 24 2003 OFFICE OF PETITIONS
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD, Number of CD(s) _____	
<input type="checkbox"/> Response to Missing Parts/ Incomplete Application		
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		
<input type="button" value="Remarks"/> <p>Copy of the Utility Patent Application Transmittal Letter as filed with the application, copy of the return receipt post card from the application as filed; copy of the Response to the Notice of Missing Parts with attached copies of Utility Application Transmittal Letter, return receipt post card; Declaration as filed with parent application; supplemental Declaration as filed with parent application; Part 2 Notice of Missing Parts of Application; return receipt post card</p>		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Ross Spencer Garson Winstead Sechrest & Minick P.C.
Signature	
Date	12/24/03

CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.

Typed or printed name	Viola M.L. Ange
Signature	
Date	12/24/03

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. **SEND TO:** Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND

1 Date of Request: 2/25/04 2 Serial/Patent # 10635976

3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED	6 AMOUNT
	Filing			\$
	Amendment			\$
	Extension of Time			\$
	Notice of Appeal/Appeal			\$
1460	Petition		<u>12/29/03</u>	\$ 130 -
	Issue			\$
	Cert of Correction/Terminal Disc.			\$
	Maintenance			\$
	Assignment			\$
1091	Other SURCHARGE		<u>12/29/03</u>	\$ 130 -
		7 TOTAL AMOUNT OF REFUND	\$ 260 -	
		8 TO BE REFUNDED BY:		
10 REASON:		Treasury Check		
	Overpayment	Credit Deposit A/C #:		
	Duplicate Payment		9 <table border="1" style="display: inline-table; vertical-align: middle;">23 -- 24 26</table>	
<input checked="" type="checkbox"/>	No Fee Due (Explanation):	<i>INTEMP ISSUED IN ERROR PTO DUE TO PTO ERROR</i>		

11 REFUND REQUESTED BY:

TYPED/PRINTED NAME: D WOOD

TITLE: SLATTY

SIGNATURE: John PHONE: 308-6914

OFFICE: OP

***** THIS SPACE RESERVED FOR FINANCE USE ONLY: *****

APPROVED: Alma Hall DATE: 2/26/04

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

Office of Finance
Refund Branch
Crystal Park One, Room 802B